



## Connecting Generations' Creative Mentoring Program Mentor Application

The information provided in this application will help to match you with a student and will be kept confidential. **PLEASE PRINT CLEARLY.**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous States in Which You've Lived \_\_\_\_\_

Preferred Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender  Male  Female

Race/Ethnicity  Black/ African-American  American Indian/ Alaskan Native  Asian  
 White  Native Hawaiian/ Pacific Islander  Hispanic/ Latino  
 Other: Please Specify \_\_\_\_\_

### Employment Information

Occupation \_\_\_\_\_ Start Date \_\_\_\_\_

Company Name \_\_\_\_\_

Street Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ May we call you at work?  Yes  No

**References**

Please list the names and DAYTIME phone numbers of THREE people (NON-FAMILY members) who have known you for at least THREE years, either personally or professionally.

Reference #1 \_\_\_\_\_ Email \_\_\_\_\_

DAYTIME Phone # \_\_\_\_\_ Relationship (NON-FAMILY) \_\_\_\_\_ Years Know \_\_\_\_\_

Reference #2 \_\_\_\_\_ Email \_\_\_\_\_

DAYTIME Phone# \_\_\_\_\_ Relationship (NON-FAMILY) \_\_\_\_\_ Years Known \_\_\_\_\_

Reference #3 \_\_\_\_\_ Email \_\_\_\_\_

DAYTIME Phone # \_\_\_\_\_ Relationship (NON-FAMILY) \_\_\_\_\_ Years Known \_\_\_\_\_

**Referral**

How did you hear about Connecting Generations? \_\_\_\_\_

\_\_\_\_\_

**School Choice Information**

*(For a complete listing, please visit [www.connecting-generations.org](http://www.connecting-generations.org))*

First School Choice \_\_\_\_\_

Second School Choice \_\_\_\_\_

What grade level(s) do you prefer?  K-2  3-5  6-8  9-12

**About Yourself**

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please tell us about yourself: Family, Interests, Volunteer Activities, Etc. \_\_\_\_\_

\_\_\_\_\_

Have you ever mentored or worked with children? (Please tell us about your experiences)

\_\_\_\_\_

Other Languages Spoken \_\_\_\_\_

Have you ever been refused participation in any other youth programs?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been arrested?  Yes  No

Have you had any involvement with the police or courts?  Yes  No

If you answered yes to either of the two questions above, please explain:

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**As a condition of volunteering, I give permission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records or other records where required by local, state or federal law for volunteers working with youth.**

The references listed will be contacted by phone.

Connecting Generations' records are not available for review by volunteers, children or parents/guardians. All personal information shall be treated in a confidential manner.

*Completion of this application does not guarantee acceptance into this program.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return the completed application packet to:

**Connecting Generations  
100 W. 10<sup>th</sup> Street Suite 102  
Wilmington, DE 19801**

**Phone: 302.656.2122  
Fax: 302.656.2123  
www.connecting-generations.org**



**DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM**

**Web Portal**



**Request must be within 90 days of signature date in order to be processed**

**PART I - APPLICANT INFORMATION**

Name (Last\*, First\*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)\*:

Gender\*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes  No

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

**PART II - REQUESTER INFORMATION**

Check one option below and complete required information\*:

- 1.  Agency Request – Agency Name\*: **Connecting Generations: Creative Mentoring**  
100 W. 10<sup>th</sup> Street  
Suite 102  
Wilmington, DE 19801
- 2.  Individual Request – Self

3.  Individual Request – Share Results with Requesting Agency

Requesting Agency 1 – Agency Name\*:

Requesting Agency 2 – Agency Name\*:

Requesting Agency 3 – Agency Name\*:

Requesting Agency 4 – Agency Name\*:

Requesting Agency 5 – Agency Name\*:

\* Mandatory (Agency Name is Mandatory.)